## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30DAY–37–00]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Projects**

1. Implementation of Automated Management Information System (MIS) for Diabetes Control Programs—NEW—Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. Diabetes is the seventh leading cause of death in the United States, contributing to more than 193,000 deaths each year. An estimated 10.3 million people in the United States have been diagnosed with diabetes, and an estimated 5.4 million people have undiagnosed diabetes. The Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation (DDT), provides funding to health departments of States and territories to develop, implement, and evaluate systems-based Diabetes Control Programs (DCPs). DCPs are population-based, public health programs that design, implement, and evaluate public health prevention and control strategies that improve access to and quality of care for all and reach communities most impacted by the burden of diabetes (e.g., racial/ethnic populations, the elderly, rural dwellers and the economically disadvantaged). Support for these programs is a cornerstone of the DDT's strategy for reducing the burden of diabetes throughout the nation. The Diabetes Control Program is authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. sections 241 and 247b(k)].

Funding recipients are required to submit quarterly status reports to CDC that are used by DDT managers and Program Development Officers (PDOs) to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. Funding recipients currently have a wide latitude in the content of the information they report with some recipients providing extensive and detailed programmatic progress information and others providing minimal detail regarding DCP operations. Historically, information has been collected and transmitted via hard-copy paper documents. The manual reporting system significantly impacts the DDT's staff ability to accomplish its responsibilities resulting from providing DCP funds, particularly with respect to compiling, summarizing, and reporting aggregate DCP program information.

The proposed change in data collection methodology is being driven by DDT's development of an automated management information system (MIS) to maintain individual DCP information and to normalize the information reported by these programs. The proposed data collection will employ a more formal, systematic method of collecting information that has historically been requested from individual DCPs and will standardize the content of this information. This will facilitate the DDT staff's ability to fulfill its obligations under the cooperative agreements; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the DCP program. It will also support DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DCPs and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control diabetes.

Respondents reside in each of the 50 States, 8 Territories, and the District of Columbia and provide progress reporting on a semi-annual frequency. The annual hour burden is estimated at 236 total hours based on 2 hours to complete a semi-annual report twice per year. The annual burden is estimated to be 236 hours.

ANNUALIZED BURDEN TO RESPONDENTS

| Form name | Number of respondents | Number of responses/ respondents | Average burden/ response | Response burden/hrs. |
|---|---|---|---|---|
| Progress Report | 59 | 2 | 2 | 236 |

Dated: May 24, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30DAY–40–00]**

### Agency Forms Undergoing Paperwork Reduction Act Review

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**Proposed Projects**

1. Evaluation of Effectiveness of Worker Notifications Conducted by NIOSH—(New)—The National Institute for Occupational Safety and Health

(NIOSH), Centers for Disease Control and Prevention (CDC) has conducted worker notification formally since 1988. This program informs workers in NIOSH-conducted epidemiological studies about the study results and hence, of their risks. NIOSH worker notification officers conducted a two-task evaluation project approved by OMB in 1993. Task 1 of the project evaluated the long-term impact of a high risk worker notification, and Task 2 evaluated the short-term impact and effectiveness of the notification materials themselves, with the goal of developing a monitoring instrument for routine use. A monitoring instrument was developed for routine use to evaluate effectiveness of ongoing worker notification activities. This instrument was refined over three field trials, involving a random sample set of 25 notified workers in each trial. A second instrument for use with other stakeholders (company and union officials) in the notifications also was developed. The design of these evaluation projects was descriptive in nature, gathering information from small groups of workers, for the purpose of learning how to improve the NIOSH worker notification program.

Having completed the data collection and final report for Task 2 of the evaluation project, we now are seeking approval to use the program monitoring worker survey instrument on a routine basis to assess effectiveness of ongoing letter notifications conducted by NIOSH notification officers. As with the design of the three trials in Task 2, ongoing routine assessment would include for each letter-type notification, our contacting by telephone a random sample of 250 workers who received notification letters and related materials, and at least one company representative and one union representative (where appropriate). A 15-minute telephone survey would be administered to the notified workers, and an up to 30 minute interview would be conducted with the other stakeholders (e.g., company and union representatives). The total annual cost to respondents for the study is $1,293.50. The total annualized burden hours for this project is 82.5 hours.

| Respondent | Number of respondents | Number of responses/respondents | Avg. burden per response (hours) | Total burden (in hours) |
|---|---|---|---|---|
| Workers | 250 | 1 | 15/60 | 62.5 |
| Stakeholder | 40 | 1 | 30/60 | 20.0 |
| Total | 290 | | | 82.5 |

Dated: May 24, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

**[Program Announcement 00106]**

## World Health Organization for Hepatitis; Notice of Availability of Funds

### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for the World Health Organization (WHO) for hepatitis. CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2010'', a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus areas of Immunization and Infectious Diseases. For the conference copy of ''Healthy People 2010'', visit the internet site http://www.health.gov/healthypeople.

The purpose of this cooperative agreement is to develop international programs for prevention and control of hepatitis A through immunization, hepatitis B immunization activities as part of national immunization programs of member states, supporting programs to prevent transmission of bloodborne hepatitis virus infections through unsafe injection and infection control practices, improving injection safety, and preventing transmission of hepatitis C virus (HCV) infections.

### B. Eligible Applicants

Assistance will be provided only to the WHO. No other applications are solicited.

The WHO is the most appropriate and qualified agency to conduct the activities specified under this cooperative agreement because:

1. They are the only organization with the worldwide mandate to assist member nations in the control and prevention of vaccine preventable diseases.

2. They are responsible for implementation of the Expanded Programme on Immunization (EPI) and for the introduction of hepatitis B vaccine into the EPI of member states as stated by resolution of the World Health Assembly in 1992.

3. They are the only recognized international organization for providing the guidance and leadership needed to coordinate the multidisciplinary collaborations required to address elimination of unsafe injection, have an established activity to address this issue and serves as the secretariat for the Safe Injection Global Network (SIGN), a collaborative network comprised of member states and organizations.

4. They are the only recognized international organization to provide the guidance and leadership needed to coordinate the multidisciplinary collaborations required to address the control of hepatitis C virus infection and its chronic liver disease consequences and has an established activity to address this issue in their emerging infections program.

5. The proposed program is directly related to the achievement of WHO and the National Center for Infectious Diseases, CDC, objectives for the control and prevention of viral hepatitis, including hepatitis A, B, and C.

### C. Availability of Funds

Approximately $300,000 is available in FY 2000 to fund this award. It is expected the award will begin on September 29, 2000, and will be made for a 12-month budget period within a project period of up to three years. The funding estimate may change.

A continuation award within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.